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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission:

Application Number	08594175
Filing Date	1998-01-31
First Named Inventor	David C. WATKINS
Art Unit	1615
Examiner Name	Gollamudi S. KISHORE
Attorney Docket Number	EH-5124US

**ENCLOSURES** (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <div style="margin-left: 20px;"> <input type="checkbox"/> Fee Attached         </div> <input type="checkbox"/> Amendment/Reply <div style="margin-left: 20px;"> <input type="checkbox"/> After Final         </div> <div style="margin-left: 20px;"> <input type="checkbox"/> Affidavits/declaration(s)         </div> <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <div style="margin-left: 20px;"> <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53         </div>	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input checked="" type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <div style="margin-left: 20px;"> <input type="checkbox"/> Landscape Table on CD         </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Remarks</div>	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): <div style="margin-left: 20px;"> <input type="checkbox"/> Statement Regarding Loss of Small Entity Status         </div>
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**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	BASF CORPORATION		
Signature	/Michelle J. Burke/		
Printed name	Michelle J. Burke		
Date	2010-10-28	Reg. No.	37,791

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